



07-05-05

3743 #
EPW

Patitioner's Docket No. RDM-FaceMask1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ronald D. Matich
Serial No.: 10/052,532
Filed: January 18, 2002
For: Face Mask With Seal And Neutralizer
Examiner: Patel, Mital B.
Group No.: 3743
Confirmation No.: 3231

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate Of Mailing Via Express Mail

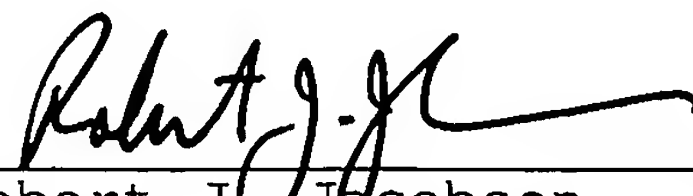
I hereby certify that the following papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on July 2, 2005 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Mail Post Office to Addressee Label No. ED-561-123-112-US:

1. This Certificate of Mailing via Express Mail dated July 2, 2005 (one page);
2. Amendment Transmittal Letter dated July 2, 2005 (one page);
3. Amendment and Remarks dated July 2, 2005 (nine pages);
4. Authorization To Charge To Deposit Account For Accompanying Information Disclosure Statement dated July 2, 2005 (one page plus duplicate);
5. Information Disclosure Statement dated July 2, 2005 (three pages);
6. PTO-1449 forms (two sheets);
7. The references listed on the PTO-1449 forms, namely documents "b-i" and "k-v," where document "a" is a Notification and International Search Report and where document "j" is a Notice of References Cited from a divisional case; and
8. Postcard Receipt.

Respectfully submitted,

Date:

7-2-05


Robert J. Jacobson
Reg. No. 32,419
650 Brimhall Street South
St. Paul, MN 55116-1511

Tel. No.: (651) 699-7900
Fax. No.: (651) 699-7901



Patitioner's Docket No. RDM-FaceMask1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ronald D. Matich
Serial No.: 10/052,532
Filed: January 18, 2002
For: Face Mask With Seal And Neutralizer
Examiner: Patel, Mital B.
Group No.: 3743
Confirmation No.: 3231

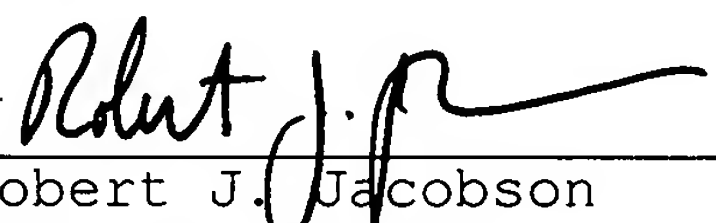
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**Authorization To Charge To Deposit Account
For Accompanying Information Disclosure Statement**

An Information Disclosure Statement is attached to this Authorization. The Director is hereby authorized to charge the required fee under 37 CFR 1.17(p) to Deposit Account Number 50-3288 (Robert J. Jacobson, P.A.). The required fee in this case is \$180. I have enclosed a duplicate copy of this sheet.

Respectfully submitted,

Date: 7-2-05

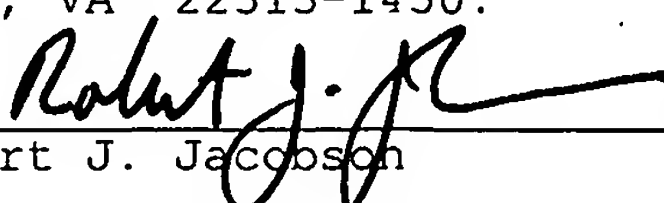

Robert J. Jacobson
Reg. No. 32,419

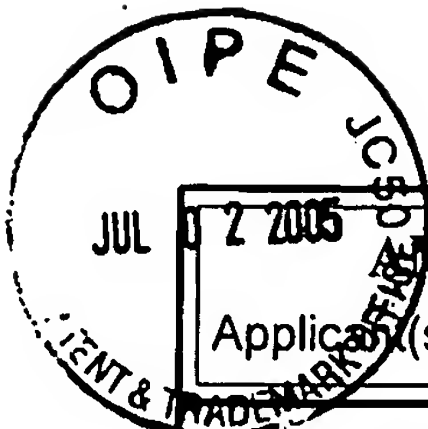
Tel. No.: (651) 699-7900
Fax. No.: (651) 699-7901

650 Brimhall Street South
St. Paul, MN 55116-1511

{18811.DOC}

I hereby certify that this correspondence and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date July 2, 2005 in an envelope as "Express Mail Post Office to Addressee" Mailing Number ED-561-123-112-US addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert J. Jacobson

**AMENDMENT TRANSMITTAL LETTER (Small Entity)**Applicant(s): **Ronald D. MATICH**

Docket No.

RDM-FaceMask1

Application No.

10/052,532

Filing Date

January 18, 2002

Examiner

Mital B. PATEL

Customer No.

023165

Group Art Unit

3743

Confirmation No.

3231Invention: **Face Mask With Seal And Neutralizer****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	28 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	6 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-3288**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

Dated: **July 2, 2005**

I hereby certify that this correspondence and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **7-2-2005** in an envelope as "Express Mail Post Office to Addressee" Mailing Number **ED-561-123-112-US** addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Signature of person mailing correspondence

Robert J. Jacobson
Printed name of person mailing correspondence

CC: